

111TH CONGRESS
1ST SESSION

S. 1628

To amend title VII of the Public Health Service Act to increase the number of physicians who practice in underserved rural communities.

IN THE SENATE OF THE UNITED STATES

AUGUST 6, 2009

Mr. UDALL of Colorado (for himself and Mrs. HAGAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend title VII of the Public Health Service Act to increase the number of physicians who practice in underserved rural communities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Physician Pipe-
5 line Act of 2009”.

6 **SEC. 2. RURAL PHYSICIAN TRAINING GRANTS.**

7 Part C of title VII of the Public Health Service Act
8 (42 U.S.C. 293k et seq.) is amended—

1 (1) after the part heading, by inserting the fol-
 2 lowing:

3 **“Subpart I—Medical Training Generally”;**

4 and

5 (2) by inserting at the end the following:

6 **“Subpart II—Training in Underserved Communities**

7 **“SEC. 749. RURAL PHYSICIAN TRAINING GRANTS.**

8 “(a) IN GENERAL.—The Secretary, acting through
 9 the Administrator of the Health Resources and Services
 10 Administration, shall establish a program to make grants
 11 to eligible entities for the purposes of—

12 “(1) assisting eligible entities in recruiting stu-
 13 dents most likely to practice medicine in underserved
 14 rural communities;

15 “(2) providing rural-focused training and expe-
 16 rience; and

17 “(3) increasing the number of recent allopathic
 18 and osteopathic medical school graduates who prac-
 19 tice in underserved rural communities.

20 “(b) ELIGIBLE ENTITIES.—In order to be eligible to
 21 receive a grant under this section, an entity shall—

22 “(1) be a school of allopathic or osteopathic
 23 medicine accredited by a nationally recognized ac-
 24 crediting agency or association approved by the Sec-

1 retary for this purpose, or any combination or con-
2 sortium of such schools; and

3 “(2) submit an application to the Secretary at
4 such time, in such form, and containing such infor-
5 mation as the Secretary may require, including a
6 certification that such entity—

7 “(A) will use amounts provided to the in-
8 stitution to—

9 “(i) establish and carry out a Rural
10 Physician Training Program described in
11 subsection (d);

12 “(ii) improve an existing rural-focused
13 training program to meet the requirements
14 described in subsection (d) and carry out
15 such program; or

16 “(iii) expand and carry out an exist-
17 ing rural-focused training program that
18 meets the requirements described in sub-
19 section (d); and

20 “(B) employs, or will employ within a
21 timeframe sufficient to implement the Program
22 (as described by a timetable and supporting
23 documentation in the application of the eligible
24 entity), faculty with experience or training in

1 rural medicine or with experience in training
2 rural physicians.

3 “(c) PRIORITY.—In awarding grant funds under this
4 section, the Secretary shall give priority to eligible entities
5 that—

6 “(1) demonstrate a record of successfully train-
7 ing students, as determined by the Secretary, who
8 practice medicine in underserved rural communities;

9 “(2) demonstrate that an existing academic
10 program of the eligible entity produces a high per-
11 centage, as determined by the Secretary, of grad-
12 uates from such program who practice medicine in
13 underserved rural communities;

14 “(3) demonstrate rural community institutional
15 partnerships, through such mechanisms as matching
16 or contributory funding, documented in-kind services
17 for implementation, or existence of training partners
18 with interprofessional expertise (such as dental, vi-
19 sion, or mental health services) in community health
20 center training locations or other similar facilities; or

21 “(4) submit, as part of the application of the
22 entity under subsection (b), a plan for the long-term
23 tracking of where the graduates of such entity are
24 practicing medicine.

25 “(d) USE OF FUNDS.—

1 “(1) ESTABLISHMENT.—An eligible entity re-
2 ceiving a grant under this section shall use the funds
3 made available under such grant to—

4 “(A) establish and carry out a ‘Rural Phy-
5 sician Training Program’ (referred to in this
6 section as the ‘Program’);

7 “(B) improve an existing rural-focused
8 training program to meet the Program require-
9 ments described in this subsection and carry
10 out such program; or

11 “(C) expand and carry out an existing
12 rural-focused training program that meets the
13 Program requirements described in this sub-
14 section.

15 “(2) STRUCTURE OF PROGRAM.—An eligible en-
16 tity shall—

17 “(A) enroll no fewer than 10 students per
18 class year into the Program; and

19 “(B) develop criteria for admission to the
20 Program that gives priority to students—

21 “(i) who have originated from or lived
22 for a period of 2 or more years in an un-
23 derserved rural community; and

1 “(ii) who express a commitment to
 2 practice medicine in an underserved rural
 3 community.

4 “(3) CURRICULA.—The Program shall require
 5 students to enroll in didactic coursework and clinical
 6 experience particularly applicable to medical practice
 7 in underserved rural communities, including—

8 “(A) clinical rotations in underserved rural
 9 communities, and in specialties including family
 10 medicine, internal medicine, pediatrics, surgery,
 11 psychiatry, and emergency medicine;

12 “(B) in addition to core school curricula,
 13 additional coursework or training experiences
 14 focused on medical issues prevalent in under-
 15 served rural communities, including in areas
 16 such as trauma, obstetrics, ultrasound, oral
 17 health, and behavioral health; and

18 “(C) any coursework or clinical experience
 19 that—

20 “(i) may be developed as a result of
 21 the Symposium described in subsection (f);

22 or

23 “(ii) the Secretary finds appropriate.

24 “(4) RESIDENCY PLACEMENT ASSISTANCE.—

25 Where available, the Program shall assist all stu-

1 dents of the Program in obtaining clinical training
2 experiences in locations with postgraduate programs
3 offering residency training opportunities in under-
4 served rural communities, or in local residency train-
5 ing programs that support and train physicians to
6 practice in underserved rural communities, as well
7 as assist all students of the Program in obtaining
8 postgraduate residency training in such programs.

9 “(5) PROGRAM STUDENT COHORT SUPPORT.—

10 The Program shall provide and require all students
11 of the Program to participate in social, educational,
12 and other group activities designed to further de-
13 velop, maintain, and reinforce the original commit-
14 ment of such students to practice in an underserved
15 rural community.

16 “(e) ANNUAL REPORTING REQUIREMENT.—On an

17 annual basis, an eligible entity receiving a grant under this
18 section shall submit a report to the Secretary on—

19 “(1) the overall success of the Program estab-
20 lished by the entity, based on criteria the Secretary
21 determines appropriate;

22 “(2) the number of students participating in
23 the Program;

24 “(3) the number of graduating students who
25 participated in the Program;

1 “(4) the residency program selection of grad-
 2 uating students who participated in the Program;

3 “(5) the number of graduates who participated
 4 in the Program who are practicing in underserved
 5 rural communities not less than one year after com-
 6 pleting residency training; and

7 “(6) the number of graduates who participated
 8 in the Program who are not practicing in under-
 9 served rural communities not less than one year
 10 after completing residency training.

11 “(f) RURAL TRAINING PROGRAM SYMPOSIUM.—

12 “(1) PURPOSES OF SYMPOSIUM.—To assist the
 13 Secretary in carrying out the Program and making
 14 grant determinations under this section, the Sec-
 15 retary shall convene a Rural Training Program
 16 Symposium (referred to in this section as the ‘Sym-
 17 posium’) to—

18 “(A) develop best practices that may be in-
 19 corporated into consideration of applications
 20 under subsection (b); and

21 “(B) establish a network of allopathic and
 22 osteopathic medical schools that have developed
 23 or will develop rural training programs in ac-
 24 cordance with subsection (d).

1 “(2) COMPOSITION.—The Symposium shall in-
2 clude—

3 “(A) representatives from eligible entities
4 with existing rural training programs;

5 “(B) representatives from all eligible enti-
6 ties interested in developing the Program;

7 “(C) representatives from area health edu-
8 cation centers;

9 “(D) representatives from the Health Re-
10 sources and Services Administration; and

11 “(E) any other experts or individuals with
12 experience in practicing medicine in under-
13 served rural communities the Secretary deter-
14 mines appropriate.

15 “(g) REGULATIONS.—Not later than 60 days after
16 the date of enactment of this section, the Secretary shall
17 by regulation define ‘underserved rural community’ for
18 purposes of this section.

19 “(h) SUPPLEMENT NOT SUPPLANT.—Any eligible en-
20 tity receiving funds under this section shall use such funds
21 to supplement, not supplant, any other Federal, State, and
22 local funds that would otherwise be expended by such enti-
23 ty to carry out the activities described in this section.

24 “(i) MAINTENANCE OF EFFORT.—With respect to ac-
25 tivities for which funds awarded under this section are to

1 be expended, the entity shall agree to maintain expendi-
 2 tures of non-Federal amounts for such activities at a level
 3 that is not less than the level of such expenditures main-
 4 tained by the entity for the fiscal year preceding the fiscal
 5 year for which the entity receives a grant under this sec-
 6 tion.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 8 are authorized to be appropriated—

9 “(1) to carry out this section (other than sub-
 10 section (f))—

11 “(A) \$4,000,000 for fiscal year 2010;

12 “(B) \$8,000,000 for fiscal year 2011;

13 “(C) \$12,000,000 for fiscal year 2012;

14 “(D) \$16,000,000 for fiscal year 2013;

15 and

16 “(2) to carry out subsection (f), such sums as
 17 may be necessary.”.

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